



P22598.A09

Customer No.: 7055

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Konstanze SAATHOFF et al.)
Appln. No : 09/554,343) Group Art Unit: 3723
Filed : September 14, 1999) Examiner: D. Meislin
§ 371 Date : December 6, 2000) Confirmation No.: 2211
For : MOTOR-DRIVEN SCREW DRIVER)

AMENDMENT UNDER 37 C.F.R. 1.197(a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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APR 05 2004

TECHNOLOGY CENTER R3700

Sir:

Responsive to the decision of the Board of Patent Appeals and Interferences dated January 30, 2004, the period for response extending until March 30, 2004, reconsideration of this action and allowance of all the claims of the present application are respectfully requested and are now believed appropriate in view of the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

03/31/2004 ZJUHAR1 00000019 09554343
01 FC:2202 18.00 OP

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GREENBLUM & BERNSTEIN, P.L.C.
Intellectual Property Causes
1950 Roland Clarke Place
Reston, VA 20191
(703) 716-1191

AF 3723
Attorney Docket No. P22598135
In re application of : Konstanze SAATHOFF et al.

Serial No. : 09/554,343 Group Art Unit: 3723

Filed : September 14, 1999 Examiner: D. Meislin

For : MOTOR-DRIVEN SCREW DRIVER

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

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TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is a Amendment Under 37 C.F.R. 1.197(a) in the above-captioned application.

Small Entity Status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a previously filed statement.

A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

A Request for Extension of Time.

No Additional Fee.

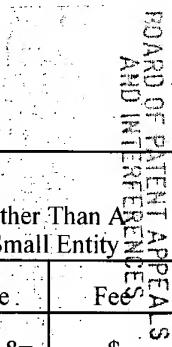
Request for Oral Hearing (in triplicate).

The fee has been calculated as shown below:

Claims After Amendment	No. Claims Previously Paid For	Present Extra	Small Entity		Other Than A Small Entity	
			Rate	Fee	Rate	Fee
Total Claims: 22	20*	2	x 9=	\$18.00	x 8=	\$
Indep. Claims: 1	*3*	0	x 42=	\$0.00	x 84=	\$
Multiple Dependent Claims Presented			140=	\$0.00	+280=	\$
Oral Hearing Fee				\$0.00		\$
			Total:	\$18.00	Total:	\$

*If less than 20, write 20

**If less than 3, write 3

 Please charge my Deposit Account No. 19-0089 in the amount of \$_____. A Check in the amount of \$18.00 to cover the oral hearing fee is included. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0089. Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136)(a)(3).RECEIVED
20 APR - 6 PM 2. 53Neil F. Greenblum
Reg No. 28,394